



Team-Based Care Training
Andrew Katz and Carter Wilson
Camden Coalition of Healthcare Providers

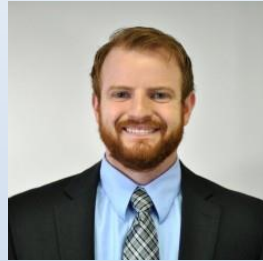
Team-Based Care

Team-based care is the “strategic redistribution of work among members of a practice team”

The practice team shares the responsibilities in order to deliver more efficient patient-centered care.

(American Medical Association, 2015)

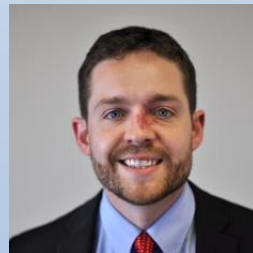
The Camden Coalition of Healthcare Providers and the Camden ACO



Andrew Katz

Senior Manager, Care Management Initiatives

Andrew joined the Coalition in 2011 as an AmeriCorps health coach and has since worked on CCHP projects like Diabetes Self Management Education, Integrated Diabetes Care Program, and practice transformation at two primary care clinics in the City of Camden. Andrew's current focus is on the operations and care delivery for one of the Coalition's outreach teams.



Carter Wilson

Senior Manager, Clinical Redesign Initiatives

Carter is responsible for managing the operations of the Camden Medicaid Accountable Care Organization (ACO), developing and maintaining relationships with ACO strategic partners, and performing data analysis to inform the design, launch, and evaluation of new initiatives.



**Camden
Coalition**

of Healthcare Providers



MISSION

To improve the quality, capacity, coordination and accessibility of the healthcare system for all residents of Camden.



VISION

Camden will be the first city in the country to bend the cost curve while improving quality.



CAMDEN

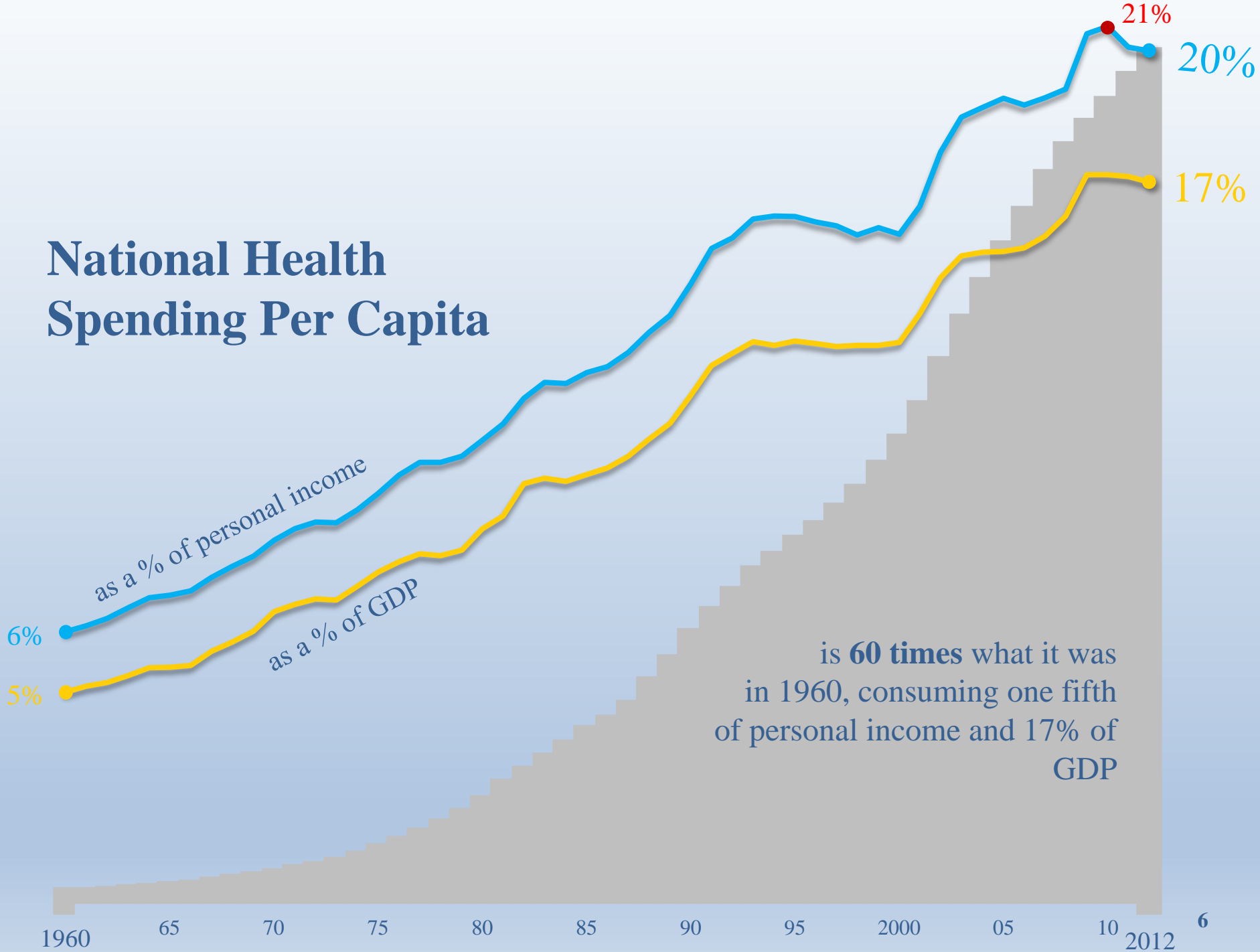
Overview of the Camden Coalition

- 90 full-time staff, \$11 million annual budget
- Mix of foundation & federal grants, technical-assistance & care-coordination contracts, & hospital support
- Membership organization with twenty-member board; incorporated non-profit

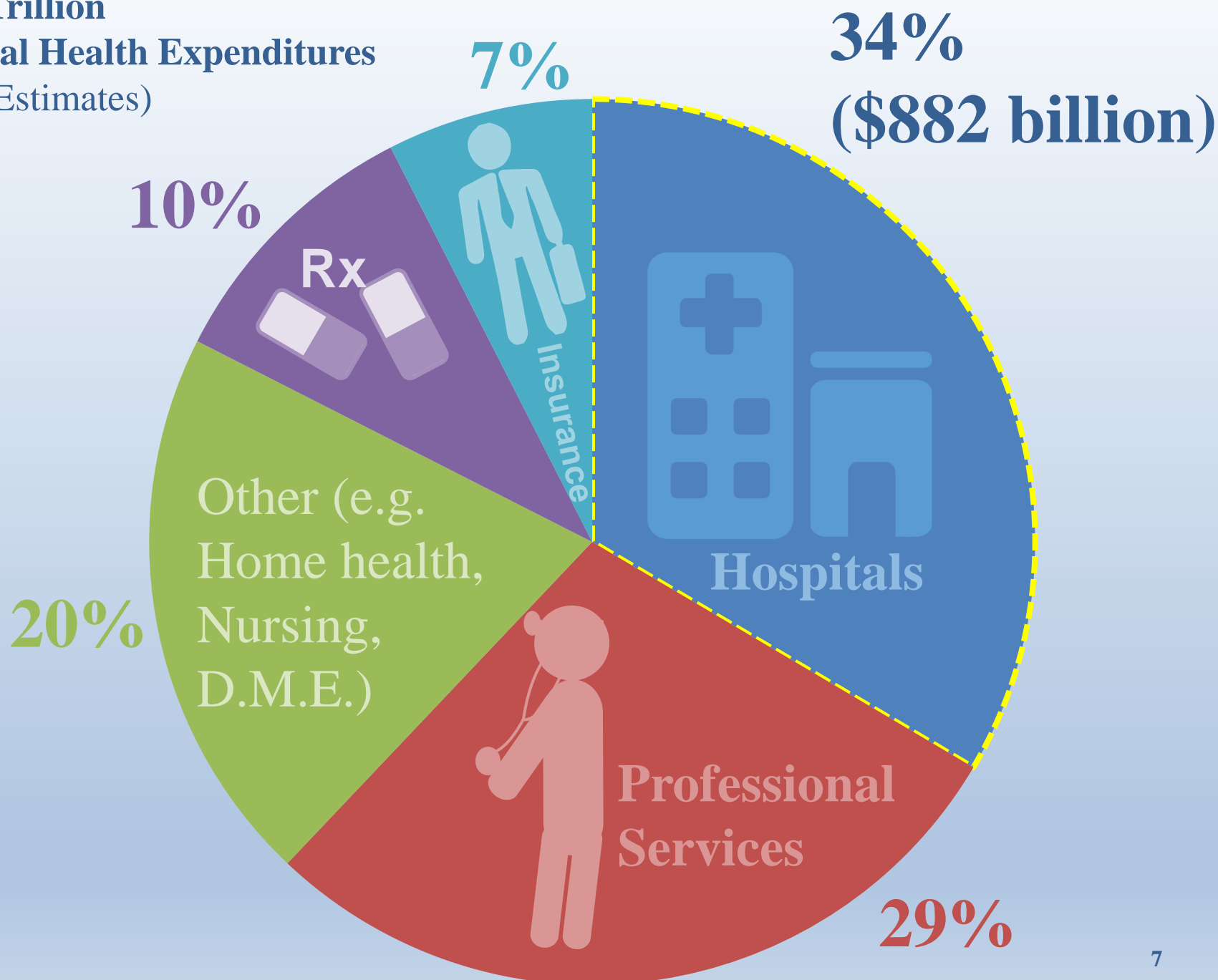
2632
**CAMDEN FAMILY
MEDICINE**
Dr. Jeffrey C. Brenner, MD
856-541-6800



National Health Spending Per Capita



\$2.63 Trillion
National Health Expenditures
(CMS Estimates)





113
VISITS
1 YEAR



Camden Health Data

Leading ED/hospital utilizers citywide

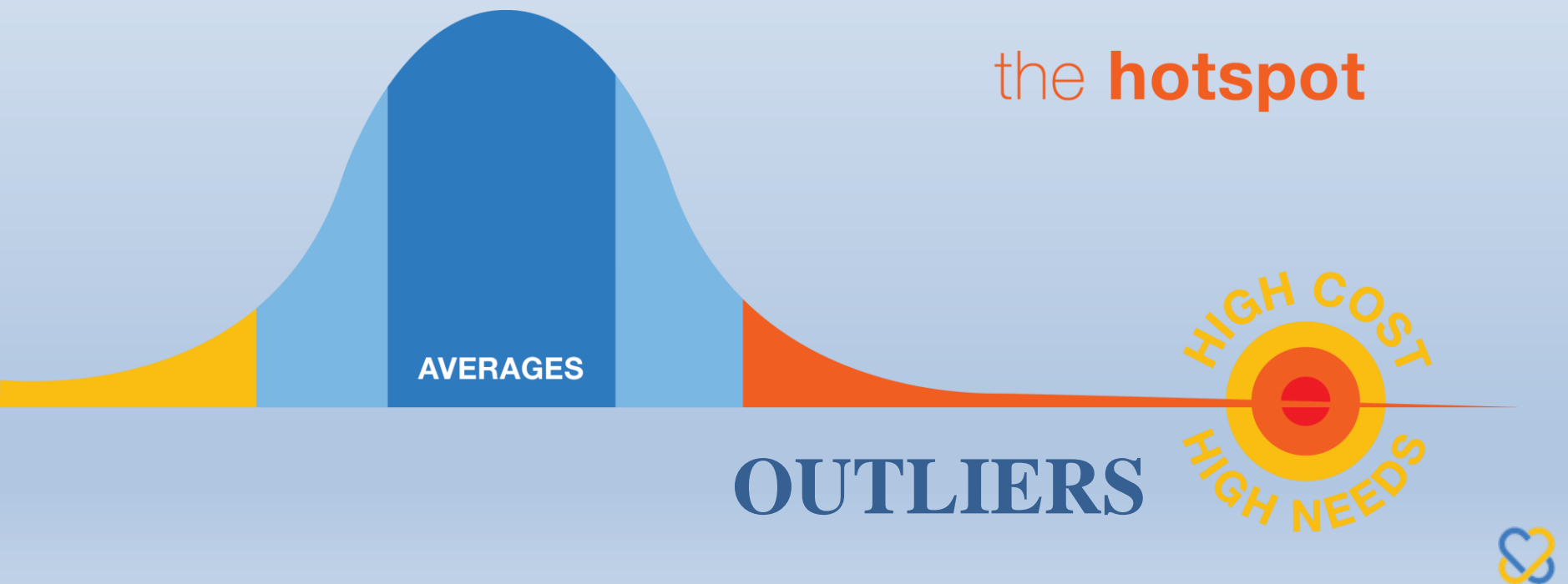
- 324 visits in 5 years
- 113 visits in 1 year

Cost breakdown in Camden

Total revenue to hospitals for Camden residents \$108 million per year

- Most expensive patient \$3.5 million
- **30% hospital receipts = 1% patients**
- 80% hospital receipts = 13% patients
- 90% hospital receipts = 20% patients

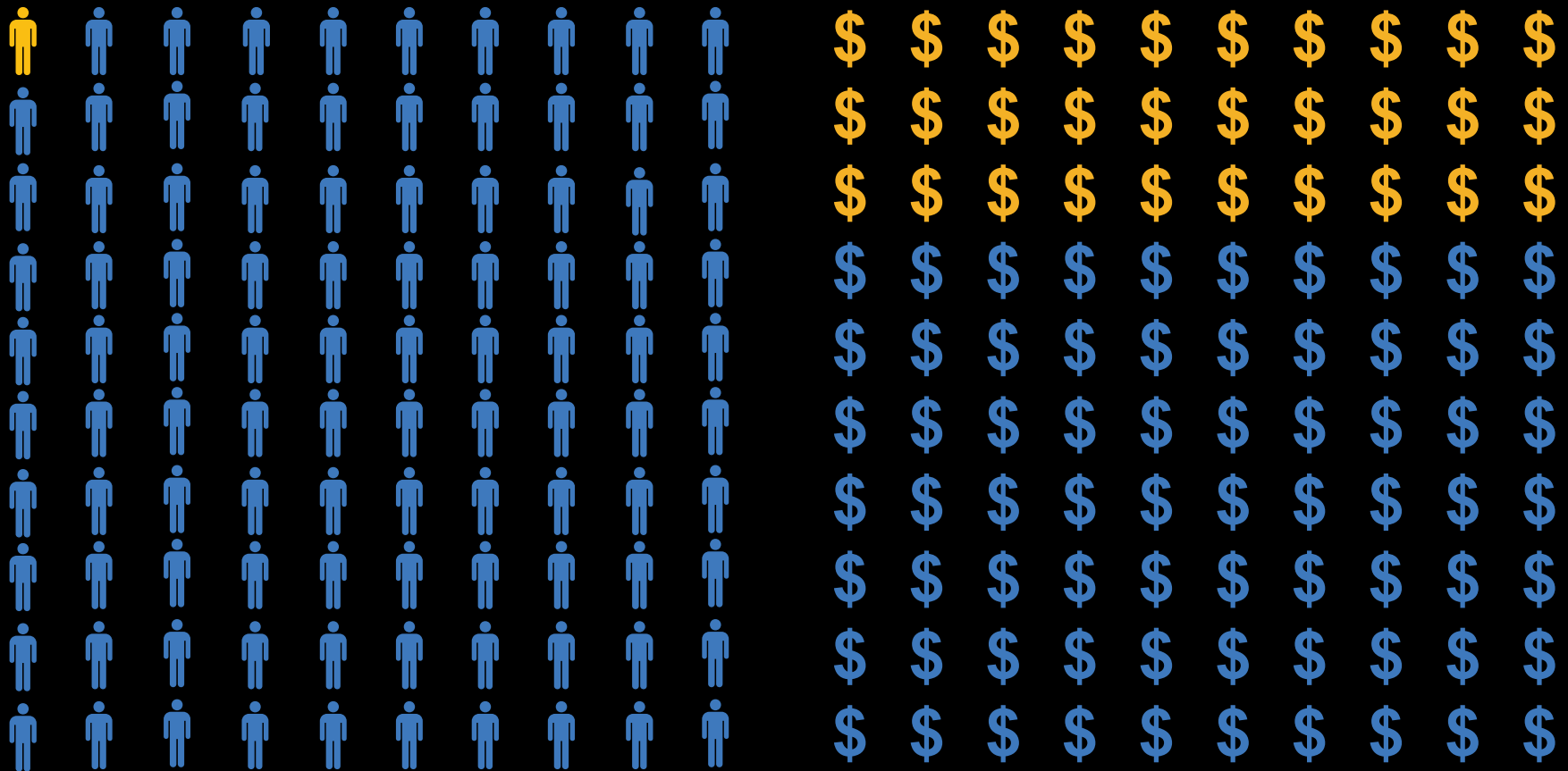
Outlier patients in the long tail of data



These patients are experiencing a mismatch between their needs and the services available.



Community-Based Care Management



1% of the population accounting for **30%** of health care receipts

Primary Care Reconnection and Clinical Redesign



10% of the population accounting for **74%** of health care receipts

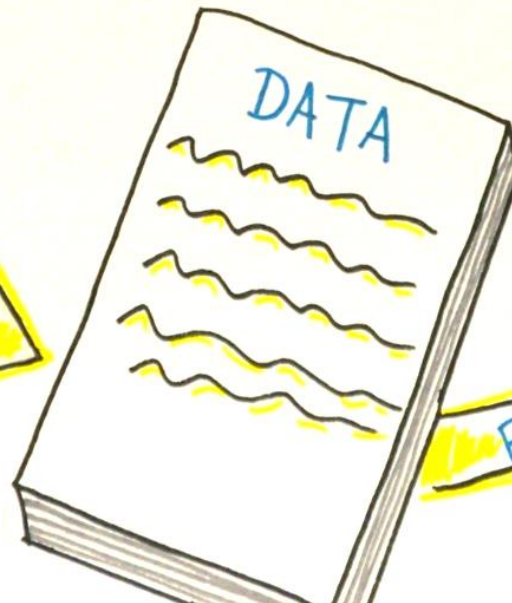


Authentic Healing Relationships

Methods



TRANSCRIBED



EMERGENT THEMES



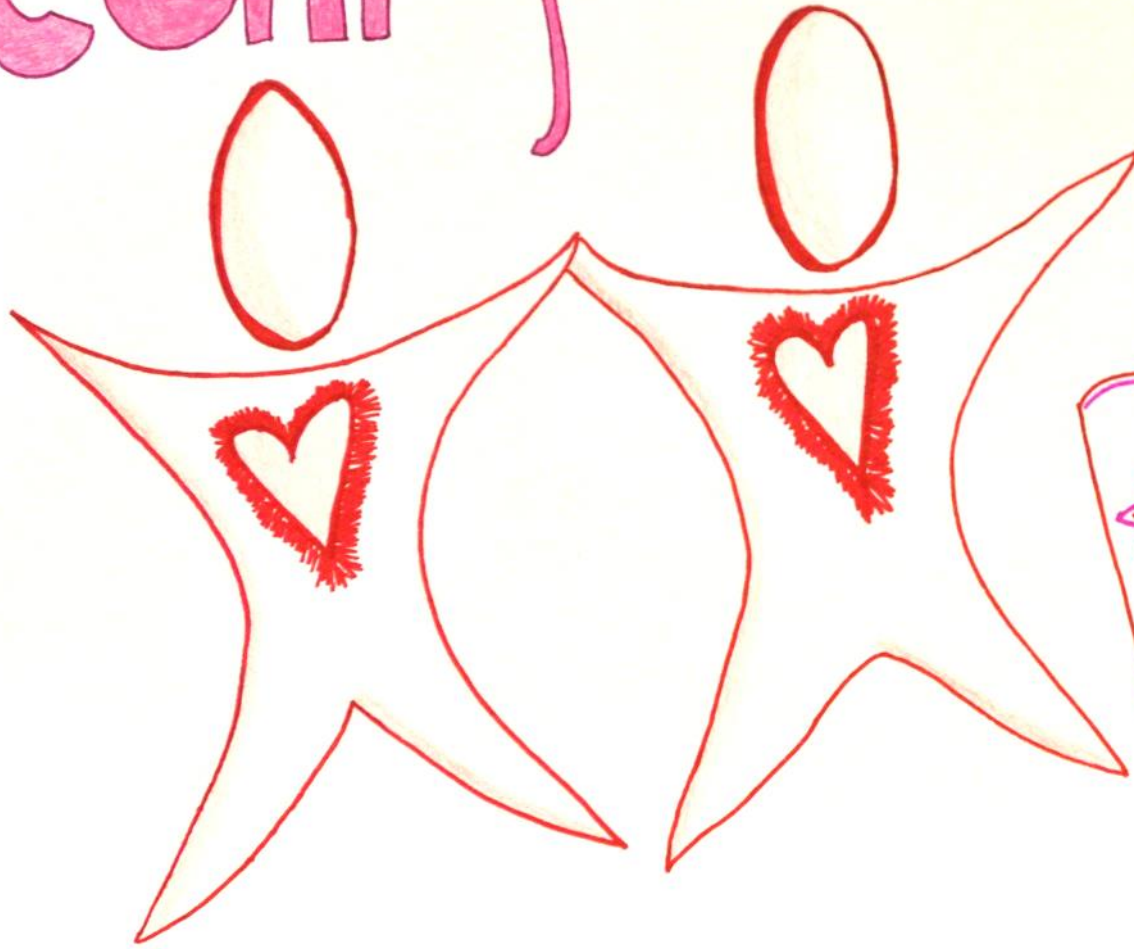
authentic
healing
relationship?

LIMITATIONS

- ★ Only English-speaking
- ★ No homeless
- ★ Over-represents grads

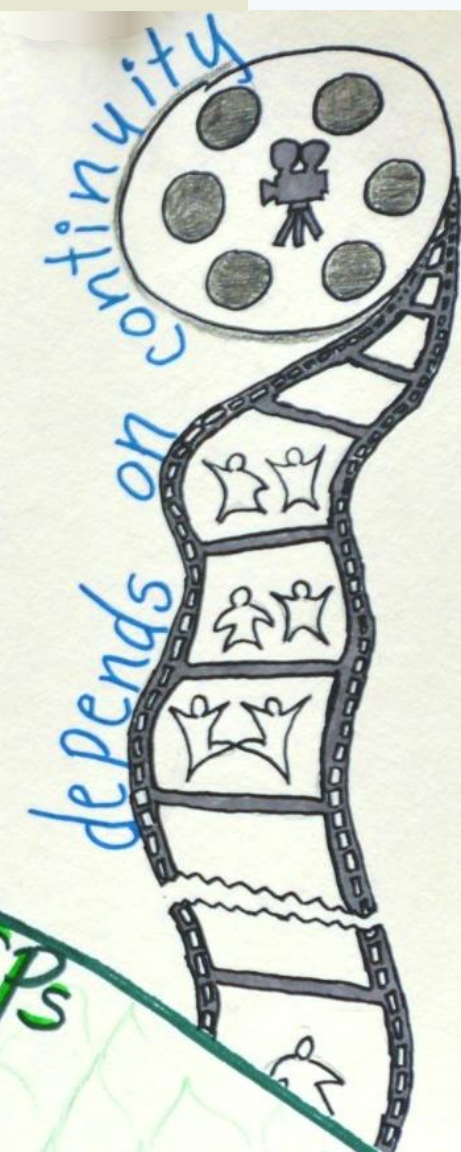
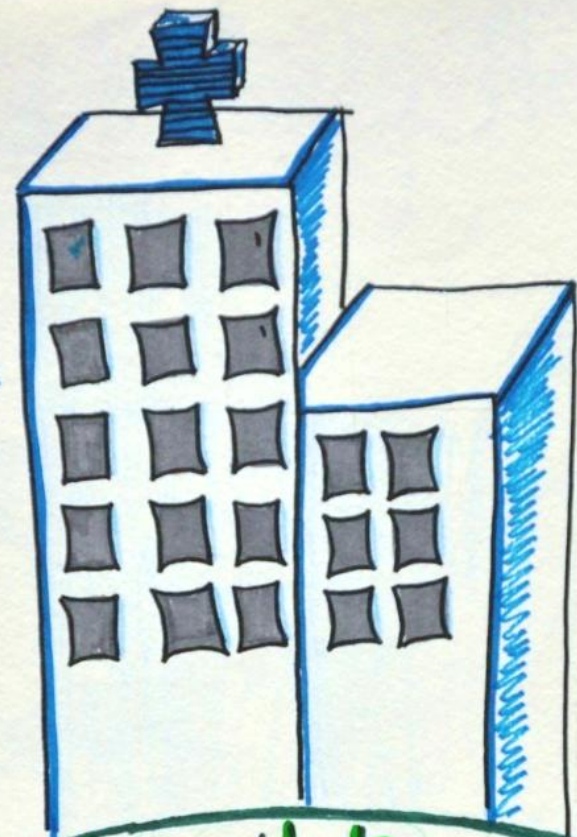
CCHP forms

authentic
healing
relationships



linked with motivation...

authentic
healing
relationships



not found in hospitals or PCPs

and sometimes not even CCHP...

Therapeutic Relationships

- Acceptance framework

Unconditional Positive Regard (Carl Rogers)

Empathy

Harm reduction

Motivational interviewing

- Trauma-informed care: What is preventing you?
- Holistic, Bio-Psycho-Social, patient-centered approach
- COACH Framework





“Taking someone from where they are to where they want to be.”

- **C** – Connect Tasks with Patient Vision & Priorities
- **O** – Observe Normal Routine
- **A** – Assume a Coaching Style
- **C** – Check Backwards Plan
- **H** – Highlight Progress with Data

C-O-A-C-H



16 Domains of Care



Key Take Aways

- *Relationships are key to success*
- *Frameworks help*
 - *Boundary setting*
 - *Therapeutic Techniques*
- *Protocolize as much of the work as possible*
- *Communication between team members is as important as between team and patient*
- *Self Care is part of the work*



Clinical Redesign Initiatives

- **Identify the problem** at a high level, then put a team on the hook for actually solving it – and resource them to make it possible.
- Don't impose – **incentivize**.
- Use data to motivate and unlock capacity. **No story without data, no data without a story.**
- **Prioritize relationships.** Always.



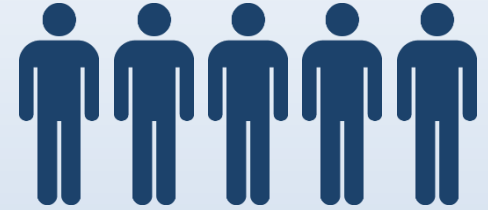
TRADITIONAL MODEL



DIABETES



HEART ATTACK



DEPRESSION

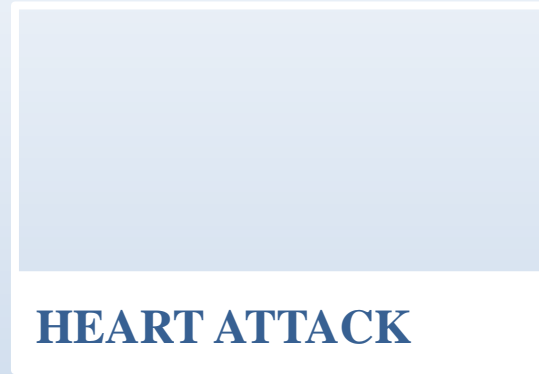
HOTSPOTTING MODEL

ONE DISEASE with
social support

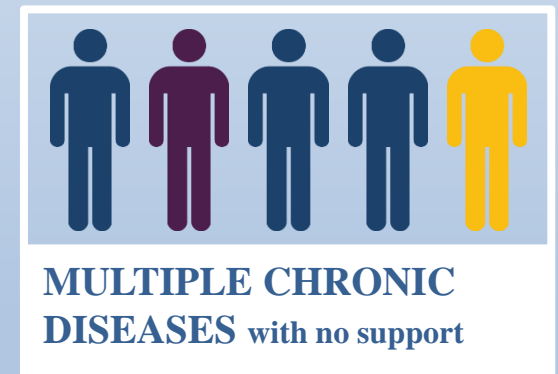
ONE DISEASE with no
housing or social support

**MULTIPLE CHRONIC
DISEASES** with no support

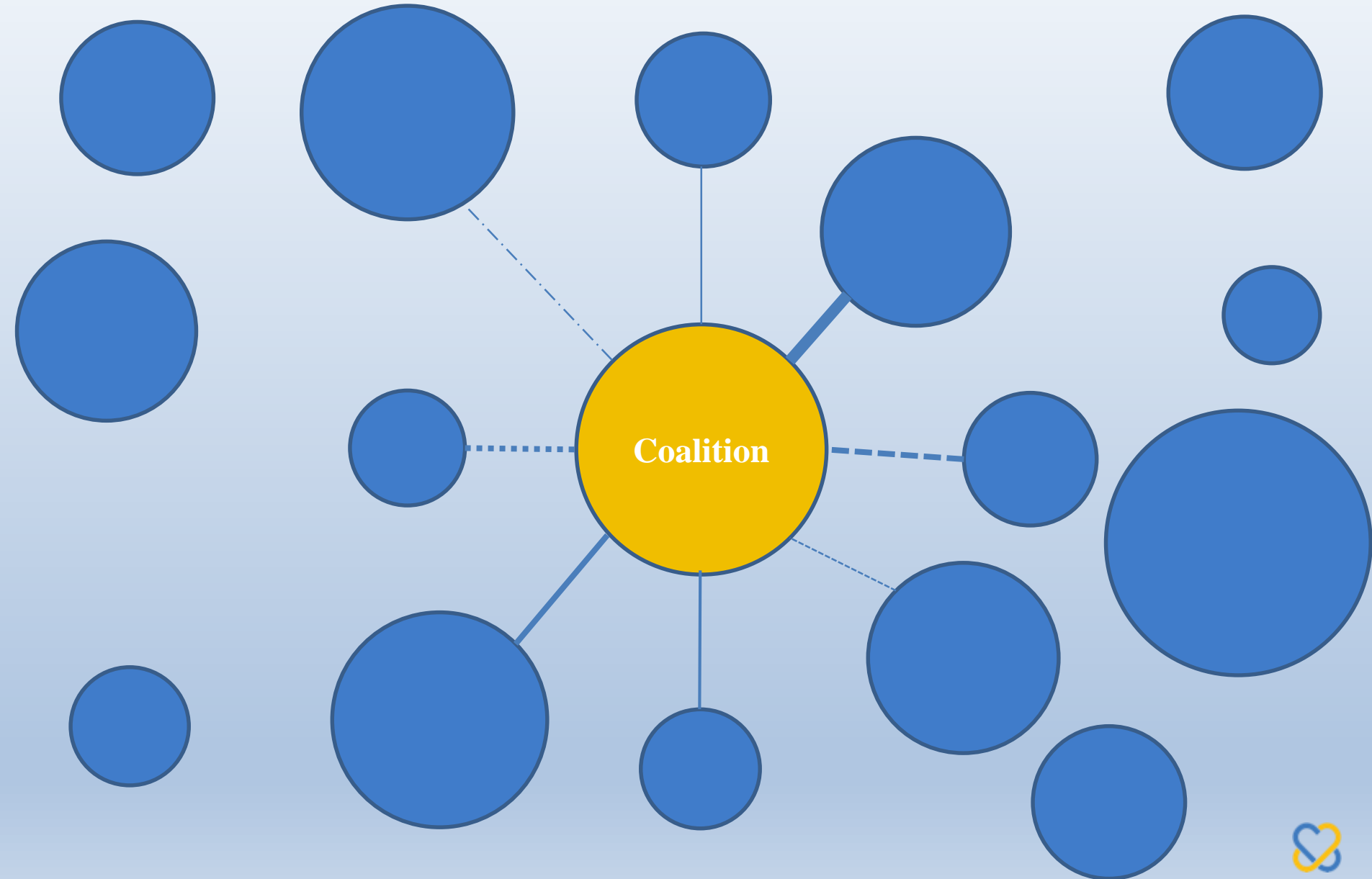
TRADITIONAL MODEL



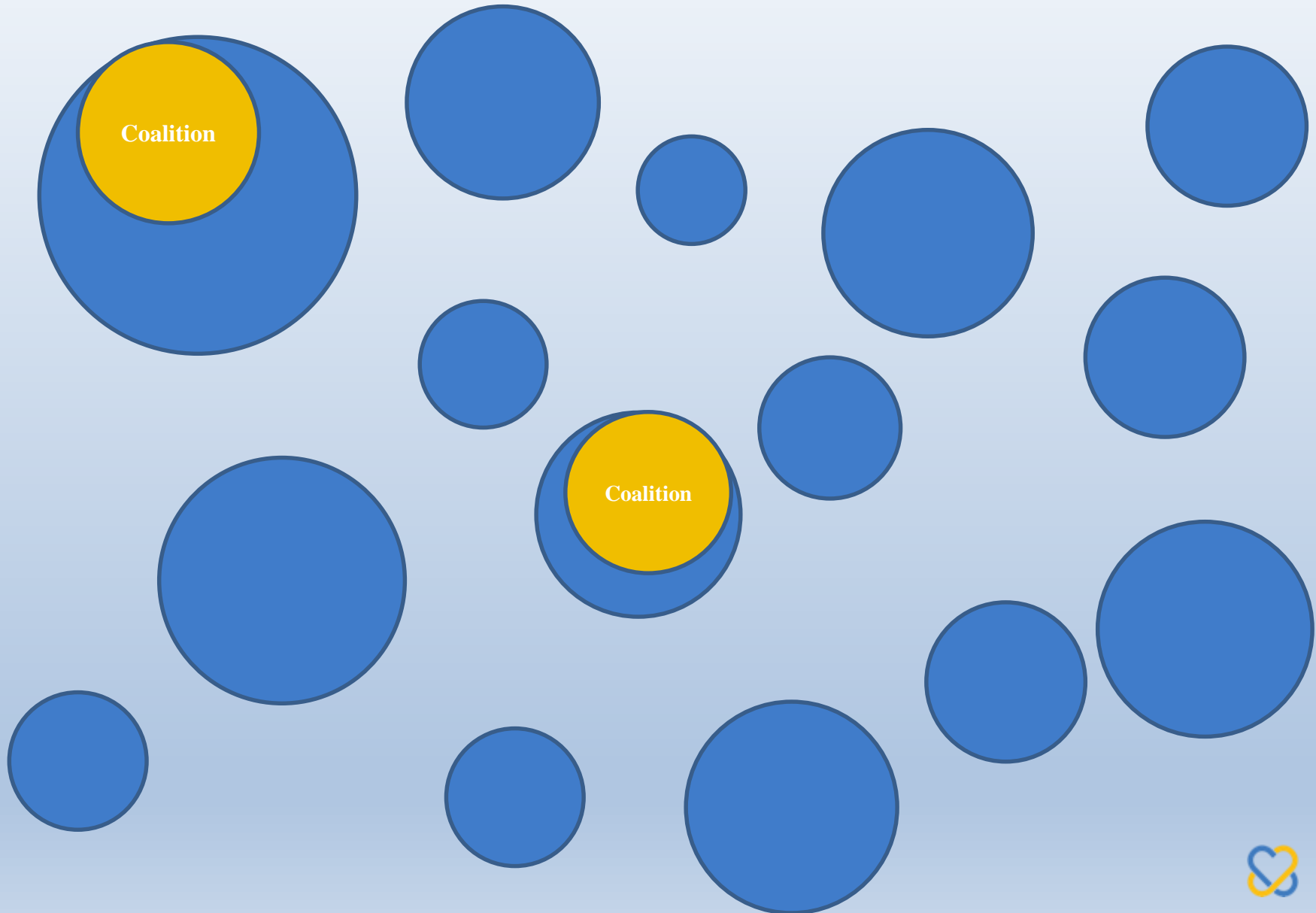
HOTSPOTTING MODEL



Clinical Redesign Initiatives: **Bespoke**

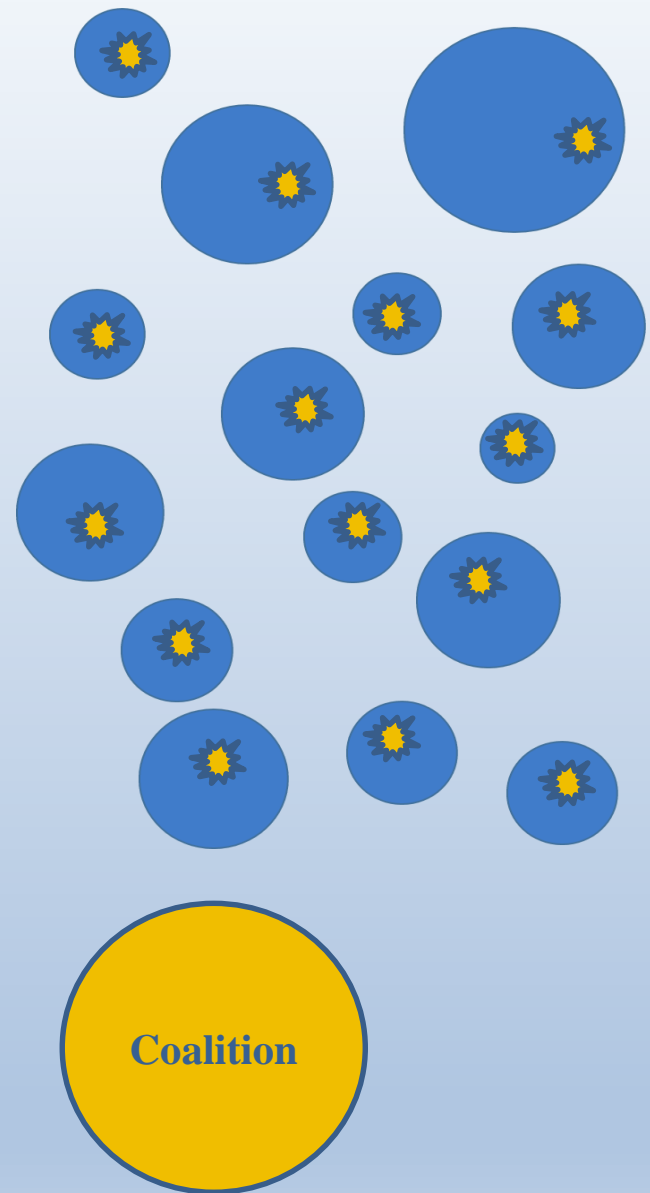


Clinical Redesign Initiatives: **Boutique**





**7-DAY
PLEDGE**



Provider Champion

Reinforces and provides guidance on clinical elements of the 7-Day Pledge

Administrative Champion

Organizes resources and removes internal barriers to execution of the 7-Day Pledge; serves as first point of contact for liaising with Coalition team

Scheduling Champion

Serves as direct line for prioritized scheduling for 7-Day Pledge appointments; also the main staff member focused on “before and after the visit” workflows

Medical Assistant Champion

New in 2016; will champion the work of integrating workflows related to the 7-Day Pledge “before and during the visit” workflows



Practice Champions: Building 7DP teams within each office

Prioritize relationships



Enhanced Payment and Patient Access Program: Using contract funds to remove provider and patient barriers



Don't impose – incentivize

Practice Payments

- \$150 for extended 7-day visits
- \$100 for extended 7-14 day visits
- Lump sum payments to practices for participating in trainings and work sessions
- Honoraria for practice staff to attend after-hours events

Patient Access

- \$20 gift cards for visit attendance
- taxi cab vouchers for visit attendance



Practice

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	Base-	Cur-
Cancer	48%	49%
al Can..	60%	59%
irtum	50%	46%
al	68%	75%

ACO Rates Per 1000 Members



Hospital Utilization by Member Typology

Typology	September	October	November	December	January	February	March	April
Inpatient-High Utilizer	22	38	31	39	38	28	79	53
Inpatient-Standard	63	59	49	36	51	58	144	129
ED-High Utilizer	125	123	103	125	149	183	454	411
ED-Standard	593	535	441	600	640	881	2,110	2,231

All Inpatient Post Hospital Visits



ED High-Use Post Hospital Visits



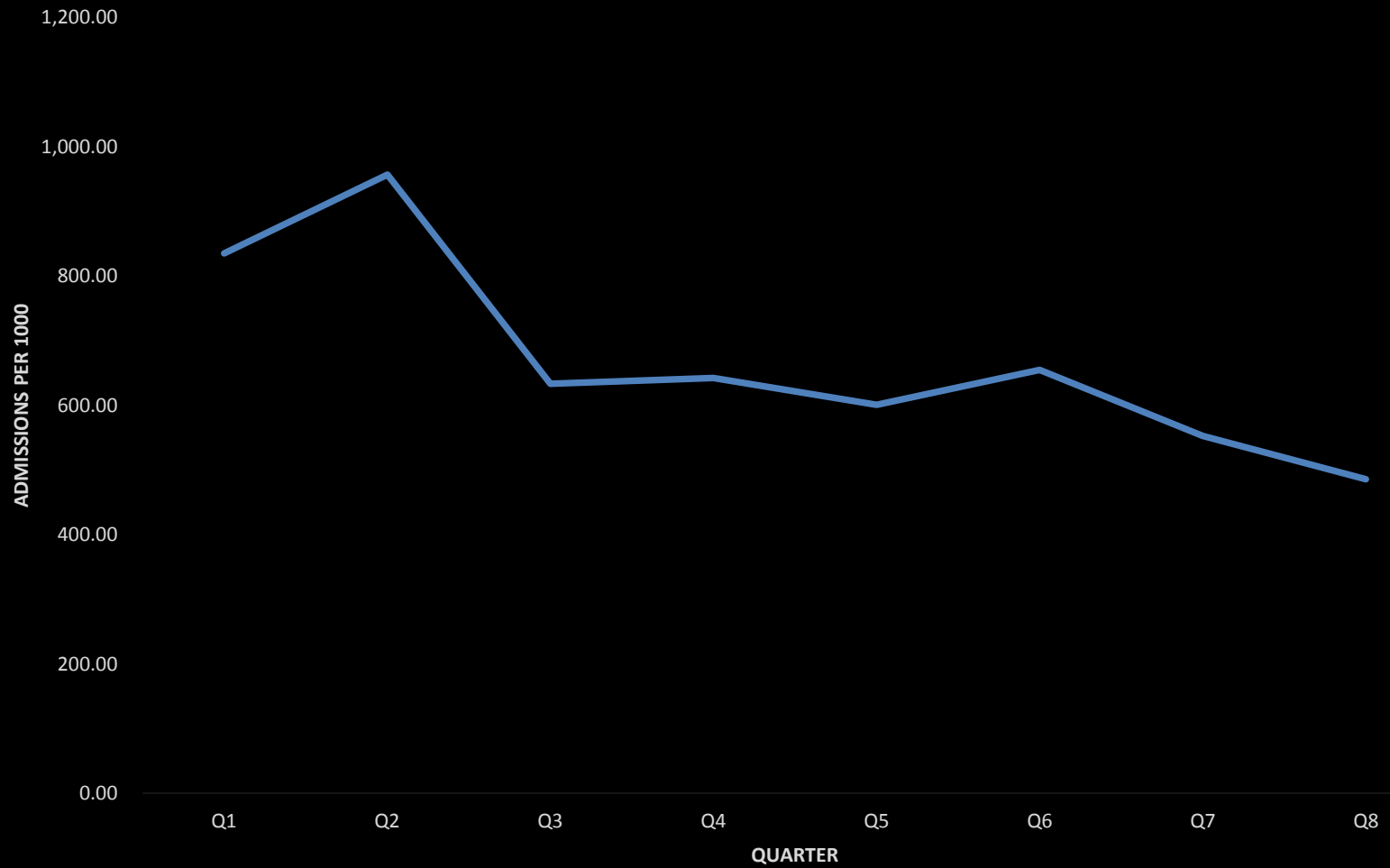
Practice Scorecards:
Using data to generate
buy-in and highlight
progress

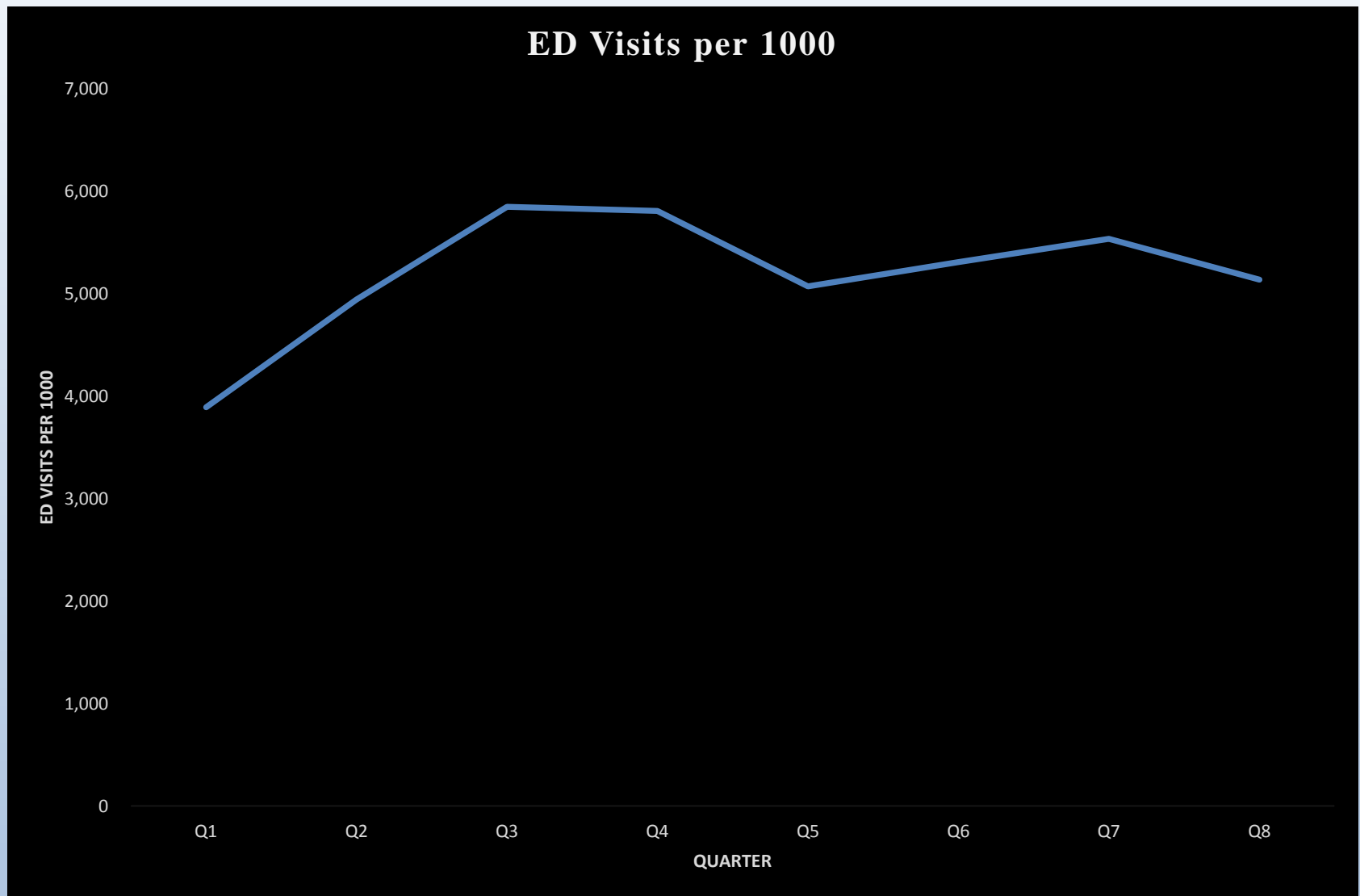
No story without data, no
data without a story.

PatientClass	Utilization Outcome	Facility	Admission Date
PCP Appointment Scheduled by Practice		CUH	Mar 01 2015
Patient Sees Non-AGO PCP		KHSS	Mar 02 2015
Acute Issue Follow-Up Unnecessary - did not engage		KHSC	Mar 04 2015
PCP Appointment Scheduled by Practice		CUH	Mar 06 2015
Patient Sees Non-AGO PCP		KHSS	Mar 07 2015
PCP Appointment Scheduled by Practice		CUH	Mar 07 2015
Surgery-Related Admission - PCP unnecessary		CUH	Mar 09 2015
Patient Unreachable - Phone Disconnected/No Voicemail		Virtua Camden	Mar 10 2015
PCP Appointment Scheduled by Team		LGA	Mar 10 2015
PCP Appointment Scheduled by Practice		KHSC	Mar 10 2015
PCP Appointment Scheduled by Practice		Virtua Camden	Mar 10 2015
Bentel only - did not engage		KHSS	Mar 11 2015
Surgery-Related Admission - PCP unnecessary		CUH	Mar 11 2015
Active CMI Patient - did not engage		CUH	Mar 12 2015
Patient Unreachable - Phone Disconnected/No Voicemail		Virtua Camden	Mar 15 2015
PCP Appointment Scheduled by Practice		Virtua Camden	Mar 15 2015
PCP Appointment Scheduled by Practice		CUH	Mar 15 2015
Patient Deceased		CUH	Mar 16 2015
Active CMI Patient - did not engage		LGA	Mar 16 2015
Patient Unreachable - Phone Disconnected/No Voicemail		LGA	Mar 18 2015
PCP Appointment Scheduled by Practice		LGA	Mar 18 2015
Patient Sees Non-AGO PCP		LGA	Mar 19 2015
PCP Appointment Scheduled by Practice		KHSS	Mar 19 2015
Patient Sees Non-AGO PCP		LGA	Mar 20 2015
staff capacity - did not engage		CUH	Mar 20 2015
Bentel only - did not engage		CUH	Mar 20 2015
Active CMI Patient - did not engage		LGA	Mar 20 2015
PCP Appointment Scheduled by Practice		LGA	Mar 20 2015
Patient Unreachable - Phone Disconnected/No Voicemail		RGA	Mar 21 2015
Already Active In A Workflow - did not engage		Virtua Camden	Mar 22 2015
staff capacity - did not engage		CUH	Mar 22 2015
staff capacity - did not engage		CUH	Mar 22 2015
the error - did not engage		Virtua Camden	Mar 23 2015
Patient Deceased		LGA	Mar 23 2015
Patient Unreachable - Left Message		CUH	Mar 23 2015
Already Active In A Workflow - did not engage		LGA	Mar 23 2015
PCP Appointment Scheduled by Practice		CUH	Mar 23 2015
PCP Appointment Scheduled by Practice		CUH	Mar 23 2015
PCP Appointment Scheduled by Practice		CUH	Mar 23 2015
PCP Appointment Scheduled by Practice		CUH	Mar 23 2015
Already Active In A Workflow - did not engage		CUH	Mar 24 2015
Already Active In A Workflow - did not engage		CUH	Mar 24 2015
Motor Vehicle Accident (MVA) - did not engage		CUH	Mar 24 2015
Surgery-related - spec. scheduled		CUH	Mar 25 2015
Patient Unreachable - Left Message		KHSC	Mar 25 2015
Cap list delay - did not engage		CUH	Mar 25 2015
Patient Unreachable - Left Message		LGA	Mar 25 2015
Patient Unreachable - Left Message		CUH	Mar 25 2015
Surgery-Related Admission - PCP unnecessary		CUH	Mar 26 2015
PCP Appointment Scheduled by Team		CUH	Mar 26 2015
Discharged To Short-Or Long-Term Facility		CUH	Mar 26 2015
PCP Appointment Scheduled by Practice		CUH	Mar 26 2015

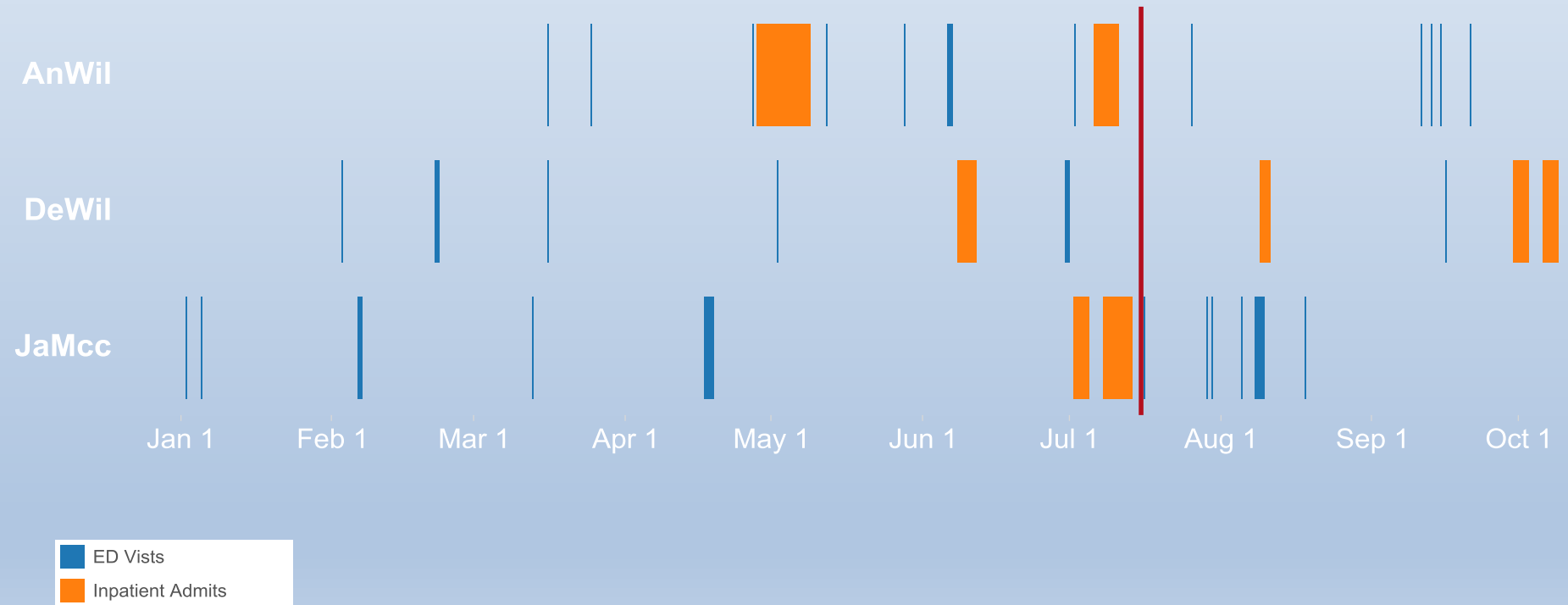


Inpatient Admissions per 1000





LPN Pilot Project





The National Center for Complex Health and Social Needs

Questions?

Andrew Katz

Senior Program Manager, CMI
Camden Coalition of Healthcare Providers

Carter Wilson

Senior Program Manager, CRI
Camden Coalition of Healthcare Providers

Upcoming Webinars

11/10/16 1:30 PM-3:00 PM EST

Risk Stratification with Bryan Wellens
*Vice President of Value Based Analytics,
Continuum Health Alliance*

12/13/16 1:30 PM-3:00 PM EST

Population Management with Dr. Stephen Kolesk
Senior Vice President of Clinical Integration, Virtua

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